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ABSTRACT

Designed for use with interested students at high schools, community colleges, and four-year colleges, this lesson plan was developed to provide an introduction to the pre-hospital phase of Emergency Medical Services (EMS) and to serve as a recruitment tool for the EMS Program at Kapiolani Community College (KCC) in Hawaii. The objectives of the 50-minute lesson are to enable students to: (1) define EMS; (2) describe the three most important components of EMS (i.e., manpower, communications, and equipment); (3) describe the three levels of training in the prehospital setting (first responder, Emergency Medical Technician, Mobile Intensive Care Technician); (4) understand the difference between Basic Life Support and Advanced Life Support; (5) understand the 911 emergency communications network; (6) describe briefly the types of equipment and the working conditions involved with emergency care; and (7) understand the shortage of trained paramedics in Hawaii and consider a viable career change. The lesson plan begins with information on the course for which the lesson was designed; equipment and audiovisual aids needed; requirements for student materials; course objectives; bibliographic references; and special remarks for the instructor. Next, a step-by-step outline of the instructor's presentation is provided in a format indicating the length of time and the equipment or other aids necessary for each step of the lesson. Transparency masters, sample program coursework, a lesson posttest, and information on KCC's EMS program are included. (PAA)

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AN INTRODUCTION TO EMERGENCY MEDICAL SERVICES (EMS)

PRE-HOSPITAL PHASE

Emergency Medical Services Orientation,
Lesson Plan No. 9

Derrick P. Young

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LESSON PLAN

LESSON PLAN NO.	INSTITUTION / AGENCY:	PAGE 1 OF 22 PAGES
9	Kapiolani Community College	

COURSE OF INSTRUCTION AND COURSE NUMBER:	TOTAL HOURS:	LESSON TITLE:
Emergency Medical Services Orientation	N/A	An Introduction To Emergency Medical Services (EMS). Pre Hospital Phase:

DAY AND DATE OF INSTRUCTION:	HOURS	PLACE:
Wed. December 10th 1986	50 mins.	Kapiolani Community College Diamond Head Campus Kauila 108

NO. OF STUDENTS:	REHEARSAL:	INSTRUCTOR AND ASSISTANTS:	STUDENT MATERIALS AND DRESS:
25	Monday Dec. 1, 1986	Derrick P. Young	Street Clothes Pen Notebook

REFERENCES:

See Attached pg.2

EQUIPMENT AND AUDIO-VISUAL AIDS:

1. Slide projector with screen
2. Slides
3. Blackboard colored chalk and eraser
4. Overhead projector
5. Transparencies
6. Student handouts
7. Extension cord with extra outlet box

OBJECTIVES:

See Attached pg.5

SPECIAL REMARKS:

Show up a half an hour prior to the begining of presentation to arrange classroom for 25 students.

Class roster if possible as to address people by name.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS

References

1. Hafen Brent Q. And Karren, Keith J. Prehospital Emergency Care and Crisis Intervention. 2nd edition Englewood, Colorado: Morton publishing company. 1983. pp.1-13.

2. Caroline, Nancy L. M.D. Emergency Medical Treatment 1st edition. Boston; Little, Brown and company. 1982. pp. 1-17.

3. Rules for Emergency Ambulance Personnel. Board of Medical Examiners. State of Hawaii. Subchapter 7. 1985. pp. 1-9.

4. Introduction To Emergency Medical Services. Federal Emergency Management Institue. National Emergency Training Center, Emmitsburg, Maryland. Summer 1984. Pg. 1-16.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
Pre-discussion: This lesson is an introduction into the Emergency Medical Services program (EMS), primarily the prehospital emergency phase. Its intent is to address special interest groups such as high schools, community college/college and also to be used as a tool for the recruitment of perspective students. There would be little or no prior knowledge of Emergency Medical Services (prehospital phase).		
I. Introduction	5 mins.	
A. Purpose 1. To focus on the prehospital phase of emergency care. The major components involved and understand the difference between Basic Life Support, and Advanced Life Support.		
B. Reason 1. To let qualified individuals know about job vacancies currently throughout the State of Hawaii. 2. To educate the public as to what is done in the prehospital setting, prior to arrival at the hospital. 3. To introduce the different levels of care, such as first responders and ambulance technicians who administer care in the prehospital setting.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
II. Explaination: 1. Manpower a. 1st Responder. b. Emergency Medical Technician (EMT-II A). c. Mobile Intensive Care Technician (MICT, EMT-P, Paramedic). 2. Training a. 1st Responders consists of Police Officers, Fire Fighters, Life Guards. b. Emergency Medical Technicians (EMT-II ambulance). c. Mobile Intensive Care Technicians (MICT, EMT-P Paramedic). d. Basic Life Support, Advanced Life Support. 3. Communications a. The 911 system. b. Communication system in the public safety sector (police, fire, lifeguards, and ambulance). 4. Equipment: a. Various types of adjuncts used to administer care to the sick and injured. b. Transportation. 5. Job Benefits: a. Career Ladder. b. Job vacancies c. Pros and Cons about ambulance work.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
Lesson Objectives: By the end of this 50 minute presentation the student will with a 70% accuracy be able to: 1. Define what Emergency Medical Services (EMS) is and its brief historical perspective. 2. Describe what the 3 most important components of Emergency Medical Services are (manpower, communications, equipment). 3. Describe the three levels of training in the prehospital setting (First responder, EMT, MICT). 4. Know the difference between Basic Life Support and Advanced Life Support. 5. Know the 911 communications network. 6. Briefly describe the types of equipment and working conditions involved with Emergency Care. 7. Know that there is a shortage of trained paramedics in the State of Hawaii. To offer an individual a career change. Also to let individuals know about job benefits such as wages etc. in the public as well as private sectors. And a brief job description about pros and cons that are involved with emergency work.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
III. Definition of EMS and the 3 most important components.		
Objective #1. Definition and examples.	3 mins.	Transparency #1
A. EMS definition: EMS stands for Emergency Medical Services which consists of facilities (hospitals), personnel (police officers, firefighters, lifeguards, and ambulance technicians), a communications network, and transport for the provision of Emergency Medical Care. But for our purposes today we will center around only the prehospital aspect of EMS. Manpower, Communications, and Equipment.		While students copy down definition give brief historical perspective. From the early days of "swoop and scoop" in the 1960's. To the 1970's with its trained GI's in medical care (trauma) coming from Vietnam. Today EMS has evolved to a hospital emergency room on wheels with its technical advances.
Objective #2., Components.		
B. The 3 most important components of EMS are: 1. Manpower 2. Communications 3. Equipment	2 mins.	Transparency #2
Objective #3. Manpower.		
C. Manpower and the level of training in the prehospital setting. Define: 1. First Responder: A First Responder is trained in basic life support procedures and are usually "first" on the scene of an accident or medical emergency. Police Officers, Firefighters and Life Guards are first responders.	5 mins.	Transparency #3 Give example of shootings, stabbings, etc. and co-response legislation.
2. Emergency Medical Technicians EMT II-A) are Emergency ambulance personnel trained and are capable of performing basic life support skills.		Transparency #4 . Give example of what an EMT does.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
3. Mobile Intensive Care Technicians (MICT, EMT-P, Paramedic) are emergency ambulance personnel trained and capable of performing advanced life support skills.		Transparency #5 Give example of what an MICT does.
Objective #4. Basic Life Support, Advanced Life Support.		
D. Know the difference between Basic Life Support and Advanced Life Support. Definition: 1. Basic life support techniques typically involve the control or resolution of immediate life-threatening problems with simple, yet effective, skills or equipment.	5 mins.	Transparency #6 Example of EMT and MICT. BLS-Basic Life Support.
2. Advanced Life Support techniques include the Stabilization and /or reversal of medical and shock conditions via invasive techniques such as intravenous (I.V.) therapy and other sophisticated skills.		ALS-Advanced Life Support.
Objective #5. Communications.		
E. 911 Communications Network. Definition: 1. Communications join the personnel, facilities, and equipment of the system by a central communications system so that requests for emergency health care services will be handled by a communications facility which utilizes the universal emergency telephone number 911 and will have a direct communications connection with the personnel, facilities and equipment of the system.	5 mins.	Transparency #7 Flow chart.
Objective #6. Equipment.		
F. Description of the different types of equipment involved with Emergency Care.	5 mins.	Slide presentation with narrative.

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
G. Do case study of drug OD (drug overdose).	5 mins.	Transparency #8
Objective #7. Employment and Job Benefits.		
H. To be aware that there is shortage of trained paramedics in the State of Hawaii. To offer an individual a career change. Also to let individuals know about job benefits such as wages etc. in the public as well as private sectors. And a brief job description about the pros and cons that are involved with emergency work.	10 mins.	Use chalkboard and write with colored chalk job benefits. City and County pay just increased to $25,000/yr, declared a shortage catagory. 21days sk 21days paid vacation. Paid holidays just to name a few. Spare time could be used for studying such as in my case "I went back to school". Private sector benefits vary such as if you work at a contract unit (describe what a contract unit is) or a interhospital type unit. Wages and other benefits.
IV. Summary:	5 mins.	
1. We have defined what EMS is.		
2. We now know the 3 most important components we have discussed (Manpower, Communications, Equipment).		
3. We have discussed the three levels of training in the prehospital setting (First Responder, EMT, MICT).		
4. We now know the difference between BLS and ALS.		
5. We have talked about the 911 Communications Network.		
6. I showed you the different types of equipment that is carried on the ambulance.		

PRESENTATION

OUTLINE OF INSTRUCTION	TIME	METHODS OF INSTRUCTION AND AIDS
7. I hope I have impressed you this excieting field of emergency work and that there is such a shortage of trained paramedics in the State of Hawaii. And I hope you will come away from this 50 minute session with a basic understanding what is done (procedures) in the prehospital setting of emergency care.		Note the handout in the back that is self explainatory of how to qualify for the training and where the training is located.

TRANSPARENCY #1

THE DEFINITION OF EMS:

EMS STANDS FOR EMERGENCY MEDICAL SERVICES WHICH CONSISTS OF FACILITIES (HOSPITALS), PERSONNEL (POLICE OFFICERS, FIREFIGHTERS, LIFEGUARDS, AND AMBULANCE TECHNICIANS), A COMMUNICATIONS NETWORK, AND TRANSPORT FOR THE PROVISION OF EMERGENCY MEDICAL CARE.

TRANSPARENCY #2

THE THREE MOST IMPORTANT COMPONENTS OF EMS:

1) MANPOWER

2) COMMUNICATIONS

3) EQUIPMENT

MAN POWER AND THE LEVEL OF TRAINING IN THE PREHOSPITAL SETTING:

DEFINITION OF A FIRST RESPONDER:

A FIRST RESPONDER IS TRAINED IN BASIC LIFE SUPPORT PROCEDURES AND ARE USUALLY "FIRST" ON THE SCENE OF AN ACCIDENT OR MEDICAL EMERGENCY. POLICE OFFICERS, FIREFIGHTERS, AND LIFEGUARDS ARE FIRST RESPONDERS.

SUBCHAPTER 7
EMERGENCY AMBULANCE PERSONNEL

SECTION 1 Emergency Medical Technician (EMT) Course of Training

(a) Definition: Emergency medical technicians (EMT) are emergency ambulance personnel trained and capable of performing basic life support skills.

(b) Course of Training:

(1) The course of training shall be based on the national EMT curriculum of the United States Department of Transportation and shall be approved by the board as meeting the requirements of the State of Hawaii.

(2) The course shall include the minimum theoretical knowledge necessary to provide for the application of basic life support skills in the delivery of prehospital emergency services in the following subjects for a minimum of 180 hours:

(A) Standards and policies of the emergency medical services system

(B) Human systems and patient assessment

(C) Respiratory emergencies

(D) Cardiovascular emergencies

(E) Neurological emergencies

(F) Musculoskeletal injuries

(G) Obstetric and gynecologic emergencies

(H) Pediatric emergencies

(I) Medical emergencies

(J) Trauma

(K) Shock

(L) Basic knowledge of behavioral disorders

(M) Extrication and rescue techniques

(N) Introduction to communications

(3) The course shall include both hospital and emergency ambulance clinical experience to enable the student to demonstrate competency in basic life support skills required for certification. The course of clinical experience shall be for a minimum of 135 hours.

SECTION 2 Mobile Intensive Care Technicians (MICT) - (Paramedics) Course of Training

(a) Definition: Mobile intensive care technicians (MICTs) are emergency ambulance personnel trained and capable of performing advanced life support skills.

(b) Course of Training:

(1) The course of training shall be based on the national EMT-P curriculum of the United States Department of Transportation and shall be approved by the board as meeting the requirements of the State of Hawaii.

(2) The course shall include all knowledge and skills required at the EMT level in addition to the minimum theoretical knowledge necessary to provide advanced life support skills in the delivery of prehospital emergency medical services in the following subjects, for a minimum of 400 hours:

(A) Standards and policies of the emergency medical services system

(B) Human systems and detailed patient assessment

(C) Respiratory emergencies

(D) Cardiovascular emergencies

(E) Neurological emergencies

(F) Musculoskeletal injuries

(G) Obsetetrical and gynecological emergencies

(H) Neonatal/pediatric emergencies

(I) Medical emergencies

(J) Trauma

(K) Shock and fluid therapy

(L) Behavioral disorders

(M) Extrication and rescue techniques

(N) Communication with base station and physicians

(O) Pharmacology

(3) The course shall include a hospital and an emergency ambulance clinical internship to enable the student to demonstrate competency in advanced life support skills required for certification. The course of clinical internship shall be for a minimum of 815 hours.

BASIC LIFE SUPPORT

One of the most difficult EMS concepts to grasp is that of medical control. For decades fire departments, and other EMS provider agencies, have provided emergency medical care at the basic life support (BLS) level. Basic life support techniques typically involve the control or resolution of immediate life-threatening problems with simple, yet effective, skills or equipment. Examples of BLS activities include:

1. Opening a blocked airway
2. Performing cardiopulmonary resuscitation (CPR)
3. Stopping serious bleeding with direct manual pressure
4. Using a splint to immobilize a fractured bone

Usually, EMS agencies that provided BLS care did so without active medical control. Often these same agencies had physicians serving in medical advisor roles. But, these medical advisors, in many cases, took no active role in the approval or supervision of medical techniques.

ADVANCED LIFE SUPPORT

The arrival of advanced life support (ALS) heralded the appearance of active medical control. ALS techniques include

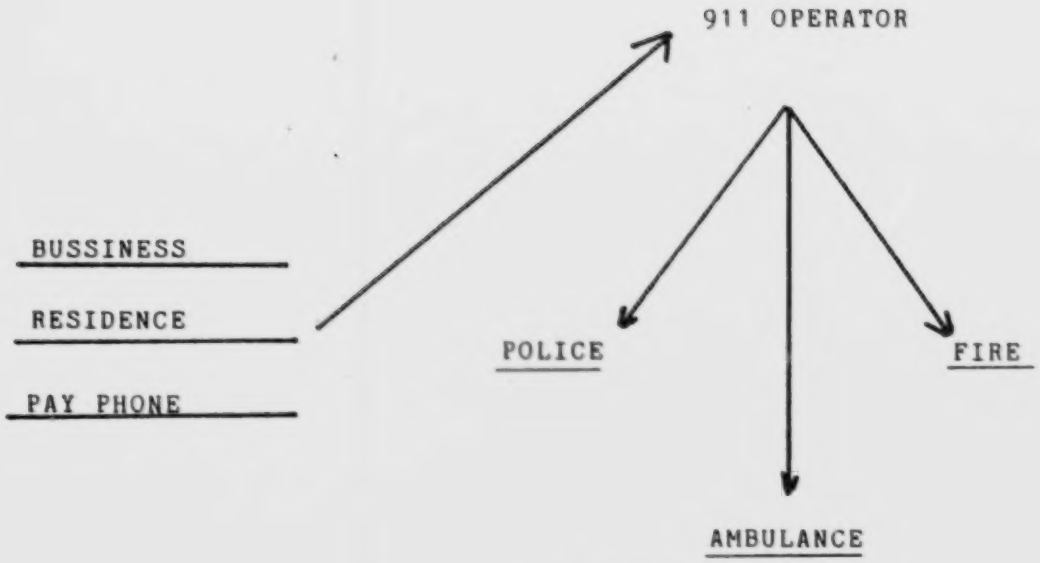
the stabilization and/or reversal of medical and shock conditions via invasive techniques (i.e., skills such as intravenous (I.V.) therapy, which go inside or "invade" the patient's body) and other sophisticated skills. Examples of ALS activities include:

1. Cardiac defibrillation
2. Endotracheal tube insertion
3. Injection of medications
4. Initiation of intravenous therapy

In most states these advanced skills can only be performed by a physician. However, usually state medical practice acts specify that a physician can delegate certain non-discretionary acts. To formalize the situation further state health departments have established rules which describe who can perform these non-discretionary ALS acts and under what circumstances. One of the commonest requirements is that all ALS medical matters (treatment methods, ALS certification, etc.) must be supervised by a designated physician medical director.

Quite simply, then, in order to have a pre-hospital ALS program you must have a medical director, who provides medical control. There also appears to be a developing trend: medical control at the basic life support level, where physicians take a more active role in BLS training and operations.

911 COMMUNICATIONS NETWORK
HOW SYSTEM WORKS



EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM - HAWAII

EMT PATIENT CARE HOMEWORK

KEY TO: *"Drug Overdose Case"*

You are dispatched on a "drug O.D." case and arrive to find a 21 year old local male of medium body build weighing approximately 65 Kg. lying on the couch. He is unconscious and nonresponsive to noxious stimuli. A friend states that he is on Valium and "ludes" and was last seen conscious 3 hours ago. Respirations are shallow at 6-8/min., pulse is 60/min. and B/P is 100/60. How would you manage this case?

PRIMARY ASSESSMENT:

- Note slow shallow respiratory. Smell breath (AOTB, paint).
- Sternal rub. Note movement of limbs - purposeful or non-purposeful, posturing.
- Ask firends for patient's name and address him by name.
- Take patient's pulse. Note rate, rhythm and volume.
- Note skin color, temperature and humidity.

INITIAL TREATMENT:

- Insert oropharyngeal or nasal airway.
- Assist ventilations with elder valve.
- If no possible cervical injury, turn patient to lateral position.

SECONDARY ASSESSMENT AND EMERGENCY MANAGEMENT:

- Direct partner to assess V.S.
- Talk to patient as if conscious.
- Check signs of trauma.
- Ask friends:
    1) What did he take? How much? When?
    2) Vomiting since ingestion?
    3) Any other substance abuse: alcohol, paint sniffing, shooting up drugs?
    4)
- Direct partner to get gurney.
- Ask friends PMD and hospital preference.
- Ask if friend wish to accompany patient to hospital. (Often no, sometimes yes).
- Bring all pill containers, paraphenalia and vomitus to hospital.
- Transport

HISTORY:

- Obtain history, if possible:
    1) Past medical history: heart, lung, kidney or liver problems, Psych history, high blood pressure, diabetes, seizure disorder, recent trauma, suicidal?
    2) Other medications?

Key To: *"Drug Overdose Case"*

TRANSPORT:

- Transport full speed with lights and siren.
- Enroute: 1) Maintain left lateral position.
  2) Recheck V.S.
- Observe patient for:
  1) Vomiting - aspiration, airway occlusion, irregular respiratory - apnea, irregular pulse, convulsions.
- Maintain positive pressure ventilatory assist
- Caution: 1) A hyperventilating patient blows off CO_2 (normal stimulus for respiratory effort) and patient will not have spontaneous respiratory effort.
- Complete ambulance report form.

Name_____

An Introduction To Emergency Medical Services (EMS) Prehospital Phase

I. Introduction

A) Purpose

B) Reason

C) Objectives

II. Definition of EMS:

A) Three most important components of EMS

1.

2.

3.

III. Manpower and the level of training in the prehospital setting.
Definition of:

A) First Responder-

B) Emergency Medical Technician (EMT-II A)-

C) Mobile Intensive Care Technician (EMT-P, MICT, Paramedic)-

IV. Difference between Basic Life Support and Advanced Life Support.
Definition:

A) Basic Life Support-

B) Advanced Life Support-

V. 911 Communications System:
Equipment used in the prehospital setting.
Slide presentation.

VI. Patient Care Exercise.

VII. Job openings and benefits in the public as well as private ambulance sectors.

A) Pros and Cons involved with ambulance work.

VIII. Summary:

ADMISSIONS PROCEDURES FOR EMERGENCY MEDICAL SERVICES PROGRAMS, 1987 - 88

RESIDENCY

Priority in filling the health programs is given to Hawaii residents. Statutory exemption from the non-resident tuition is not to be confused with resident classification for admission purposes. Therefore, non-residents will not be considered for the EMT or MICT programs until all bonafide residents of Hawaii have been considered.

EMERGENCY MEDICAL TECHNICIAN, FALL, 1987

APPLICANT (Submit all items to the Admissions and Records (A & R) Office, Kapiolani Community College, 620 Pensacola Street, Honolulu, HI 96814). Application materials may be submitted beginning December 1, 1986.

1. New Applicants submit "Common Application Form" and documents for residence determination by April 1, 1987. Currently enrolled students submit a Change of Major form by April 1, 1987. Steps 2 through 10 and all deadlines apply.
2. Submit EMS Supplemental Application Form (available from A & R or the EMS Department) by April 1, 1987.
3. Submit certification of high school graduation or GED by April 30, 1987. Certification must be by the school and sent directly from the school; high school transcripts are one form of certification.
4. Submit college transcripts if you have attended college. Transcripts must be mailed directly from the institution and received by April 30, 1987.
5. Submit local traffic abstract and copy of Hawaii drivers license by April 30, 1987.
6. Submit copies of current First Aid and CPR cards by April 30, 1987.
7. Submit verification of prior work experience in the health field by April 30, 1987. A work verification form is in the EMS Supplementary Application Form.
8. Make sure your references submit their forms by April 30, 1987. Forms for references are in the EMS Supplementary Application Form.
9. Take KCC math and reading placement tests. Applicants are scheduled for testing after applications are received.
10. Participate in an interview with the departmental selection committee. Interviews will be scheduled for applicants with highest total qualifying scores until admission quota is reached.

REVIEW FOR ADMISSIONS May 1 - 30 (Admissions Office and EMS Department Admissions Committee)

1. Applicants whose required materials are received by April 30 and who meet requirements will be considered for admission.
2. Selection is based on total qualifying scores in rank order - highest to lowest - until admission quota is reached.
3. Total qualifying score is based on the following:
   a. Math and reading scores.
   b. College GPA if 12 or more credits taken.
   c. Prior completion of college Anatomy & Physiology, English and Math courses. College courses must be taken within the last 5 years with grades of C or above for selection purposes.
   d. Current First Aid and CPR certificates.
   e. Letters of reference.
   f. Prior work experience in the health field (within the last 5 years).
   g. Interview scores. Interviews will be scheduled for applicants with highest total qualifying scores until admission quota is reached.
4. Applicants who are on academic probation at KCC, who do not attend the interview, or who do not have a valid Hawaii driver's license or a satisfactory traffic abstract will not be accepted regardless of their qualifying scores.

Note: Applicants who submit required materials after April 30 and who meet other requirements will be considered on a space-available basis.

NOTIFICATION OF ACCEPTANCE June 1 - June 30

Letters of acceptance will be sent by mail from the Admissions Office in June, 1987.

MOBILE INTENSIVE CARE TECHNICIAN, SPRING, 1988

APPLICANT (Submit all items to the Admissions and Records (A & R) Office, Kapiolani Community College, 620 Pensacola Street, Honolulu, HI 96814). Application materials may be submitted beginning March 1, 1987.

1. New Applicants submit "Common Application Form" and documents for residence determination by October 1, 1987. Currently enrolled students submit a Change of Major form by October 1, 1987. Steps 2 through 12 and all deadlines apply.
2. Submit EMS Supplemental Application Form (available from A & R and the EMS Department) by October 1, 1987.
3. Submit certification of high school graduation or GED by October 30, 1987. Certification must be by the school and sent directly from the school; high school transcripts are one form of certification.
4. Submit college transcripts if you have attended college. Transcripts must be mailed directly from the institution and received by October 30, 1987.
5. Submit copy of Hawaii State Certification as an EMT-A by October 30, 1987.
6. Submit verification of grade from EMT-A course by October 30, 1987. An EMT grade verification form is in the EMS Supplemental Application Form.
7. Submit local traffic abstract and copy of Hawaii drivers license by October 30, 1987.
8. Submit copies of any current BCLS or ACLS provider and BCLS instructor cards by October 30, 1987.
9. Submit verification of prior EMT-A work experience by October 30, 1987. Work verification forms are in the EMS Supplemental Application Form.
10. Make sure your references submit their forms by October 30, 1987. Reference forms are in the EMS Supplemental Application Form.
11. Take KCC math and reading placement tests, and EMT knowledge examination. Applicants are scheduled for testing after applications are received.
12. Participate in a personal interview with departmental selection committee.

REVIEW FOR ADMISSIONS November 1 - 30 (Admissions Office and EMS Department Admissions Committee)

1. Applicants whose required materials are received by October 30 and who meet requirements will be considered for admission.
2. Selection is based on total qualifying scores in rank order - highest to lowest - until admission quota is reached.
3. Total qualifying score is based on the following:
   a. Math, reading and EMT knowledge exam scores.
   b. College GPA if 12 or more credits taken.
   c. Prior completion of college Anatomy & Physiology, English and Math courses. College courses must be taken within the last 5 years with grades of C or above.
   d. Current BCLS or ACLS provider or BCLS instructor cards.
   e. Letters of reference.
   f. Grade for EMT-A course.
   g. Prior work experience as an EMT-A.
   h. Interview scores. Interviews will be scheduled for applicants with highest total qualifying scores until admission quota is reached.
4. Applicants who are on academic probation at KCC, who do not attend their interview, or who do not have a current Hawaii EMT-A certificate, a valid Hawaii driver's license or a satisfactory traffic abstract will not be accepted regardless of their qualifying scores.

Note: Applicants who submit required materials after October 30 and who meet other requirements will be considered on a space-available basis.

NOTIFICATION OF ACCEPTANCE December 1 - December 15, 1987.

Letters of acceptance will be sent by mail from the Admissions Office in early December, 1987.

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KAPIOLANI COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES CAREER LADDER PROGRAMS

WHAT IS THE EMS CAREER LADDER PROGRAM?

First Level - Emergency Medical Technician - Ambulance (EMT-A)

The Emergency Medical Technician - Ambulance (EMT-A) provides basic life support to patients in the pre-hospital emergency setting. Specific EMT-A functions include: establishment and maintenance of airway; administration of cardiopulmonary resuscitation (CPR); control of hemorrhage; treatment of shock; immobilization of fractures; bandaging of wounds; assisting in childbirth; management of patients with behavioral disorders; and initiation of treatment for poisoned and burned victims.

Graduates are qualified to take the National Registry Examination for certification as an EMT-A, and can apply for work with an ambulance service.

Second Level - Mobile Intensive Care Technician (MICT)

The second level is the Mobile Intensive Care Technician (MICT), who is also known as the Paramedic (EMT-P). Certification as an EMT-A is a prerequisite to the MICT program. The MICT is prepared to perform advanced life support functions in the pre-hospital emergency setting under the direction of a medical doctor. In addition to all functions performed by an EMT-A, a MICT performs advanced functions such as: administering intravenous fluids; administering medications; performing endotracheal intubation; recording, reading, and transmitting electrocardiograms; and using the cardiac monitor defibrillator.

Graduates are qualified to take the National Registry Examination for certification as an EMT-P, and can apply for work with an ambulance service. Positions for MICTs are readily available in Hawaii.

HOW ARE CLASSES TAUGHT?

Both the EMT-A and MICT programs include classroom instruction, clinical experience within hospitals, and learning experience in ambulances, so students may gain the competencies required for entry level positions in the field.

The EMS Career Ladder Programs use multimedia approaches based on the premise that active participation and personal responsibility for learning are the most successful methods for adult education. Therefore, theoretical classes include discussion groups with students presenting assigned portions of the content. Skill practice outside of class and self-evaluation in the clinical setting are expected.

11/86

HOW MUCH TIME IS REQUIRED?

Educational programs for Emergency Medical Technicians-Ambulance (EMT-A) and Mobile Intensive Care Technicians (MICT) were initiated as credit programs in Fall, 1986. These programs are career-ladder programs, with the EMT-A level as a prerequisite to the MICT level. The EMT-A program is a one-semester Certificate of Completion program, and the MICT program is an Associate in Science degree program. The MICT program starts in January of each year and ends in May of the following year. Work experience as an EMT-A is required between the two programs.

The EMT-A program includes a minimum of 330 hours, of which 195 is in the classroom, and the other 135 in the clinical areas and on ambulances; in addition, courses in medical terminology and human anatomy and physiology add a total of 120 hours for the total program.

The MICT program includes an additional 1357 hours, of which 457 are in the classroom, and 900 in the clinical areas and on the ambulances. In addition to these hours, the program includes 180 hours of general education courses (e.g., English, math, etc.)

Classes are held five days a week, for five or more hours daily. Clinical and ambulance experiences are generally on seven or eight hour periods on days, evenings, nights, and weekends. In addition to class, clinical, and ambulance internship hours, study and practice skills require an additional three or more hours daily. Therefore, students who must work are encouraged not to work over 20 hours per week.

WHEN AND WHERE ARE CLASSES HELD?

All EMS classes in the State are sponsored by Kapiolani Community College. Classes are held on Oahu, and at training centers in each county. Addresses for each EMS center are given at the end of this pamphlet.

EMT classes are regularly scheduled for each fall in Honolulu, and once a year, generally in the Spring in Hilo. EMT courses may be offered on Kauai or Maui if sufficient student and employment demand exists. The MICT course is offered only in Honolulu; it begins in January of each year.

HOW MUCH DO THE CLASSES COST?

For 1987-88, the tuition and fees for full-time Hawaii resident students total $162.50 per semester; tuition and fees for full-time non-resident students will be $1,037.50 per semester. Uniforms, books, stethoscopes and other equipment, liability insurance, and fees for certification are also the responsibility of the student. These costs are approximately $300.00 for each level.

Hawaii resident status involves physical presence in Hawaii for a minimum of at least one year prior to the beginning of classes, and the intention of making Hawaii your State of residence (e.g., filing Hawaii

Resident Income Taxes). Exemption from non-resident tuition is not to be confused with resident classification for admission purposes. Non-residents should be aware that Kapiolani Community College accepts residents first, and non-residents only on a space available basis. For high demand classes such as these, it is extremely unlikely that non-residents will be accepted.

WHAT CAN I DO TO PREPARE MYSELF TO ENTER THE PROGRAM?

A copy of the curriculum for the EMT and MICT programs is attached. It is strongly recommended that applicants take as many of the general education courses as possible prior to entrance into either program. It is particularly important for EMT applicants to take BIOL 130, BIOL 130L, and HLTH 21B prior to entrance into the EMT program. ENG 100 is recommended prior to entrance into either the EMT or MICT programs. For EMTs who graduated from earlier non-credit EMT programs, BIOL 130, BIOL 130L, and HLTH 21b are required prior to entering the MICT program.

It is recommended that applicants have excellent health, and manual dexterity. EMTs and MICTs do a great deal of heavy lifting; thus the ability to lift and carry at least 100 pounds is important. Excellent communication skills and judgment are very important. The National Registry of EMTs requires that applicants be at least 18 years of age.

HOW DO I APPLY TO THE EMT OR MICT PROGRAMS

Detailed application information is on the attached sheet. Application deadlines are April 1 for the EMT program, and October 1 for the MICT program. A University of Hawaii Common Application Form, and an EMS Supplementary Application Form are required. These forms are available from the EMS Department, and from the Office of Admissions and Records, Kapiolani Community College, 620 Pensacola Street, Honolulu, HI 96814.

ADDRESSES AND PHONES FOR EMS CENTERS ON EACH ISLAND

Emergency Medical Services Department
Kapiolani Community College
4303 Diamond Head Road
Honolulu, HI 96816
(808) 735-8288

Hilo EMS Center
Emergency Medical Services Dept.
Kapiolani Community College
c/o Hawaii Community College
1175 Manono Street
Hilo, HI 96720
(808) 935-8002

Kauai EMS Center
Emergency Medical Services Department
Kapiolani Community College
c/o Kauai Community College
3-1901 Kaumualii Highway
Lihue, HI 96766
(808) 245-7973

Maui EMS Center
Emergency Medical Services Dept.
Kapiolani Community College
c/o Maui Memorial Hospital
221 Mahalani Street, Seminar B
Wailuku, HI 96793
(808) 244-4063

Revised October, 1986

KAPIOLANI COMMUNITY COLLEGE
CURRICULUM FOR CAREER-LADDER PROGRAMS FOR
CERTIFICATE OF COMPLETION IN EMERGENCY MEDICAL TECHNICIAN
AND
ASSOCIATE IN SCIENCE DEGREE IN MOBILE INTENSIVE CARE TECHNICIAN

First Semester

		Credits
EMT 100	Pre-hospital Emergency Care	9
EMT 101	Pre-hospital Emergency Care Practicum	3
BIOL 130	Anatomy and Physiology	4
BIOL 130L	Anatomy Laboratory	1
HLTH 215	Introduction to Medical Terminology	1
		18*

*Exit point for Certificate of Completion program for Emergency Medical Technicians. A grade of C or above, or Credit, is required in each course for graduation.

Students wishing to enter the Mobile Intensive Care Technician sequence of courses are required to have 200 to 300 patient care calls as an EMT. This experience may be obtained by: 1) work experience as an EMT, or 2) EMT Internship credits. The EMT internship, EMT 110, is offered as an optional course for those students who wish to enter the MICT program, but do not have employment on an emergency ambulance.

Second Semester (Spring)

MICT 150	Pre-hospital Assessment and Treatment I	10
ENG 100	Expository Writing	3
MATH 25 or above		3
		16

Summer Session (8 weeks)

MICT 160	Pre-hospital Assessment and Treatment II	5
Humanities (course numbered 100 or above)		3
		8

Third Semester (Fall)

MICT 200	Advanced Pre-hospital Assessment and Treatment	5
MICT 201	Pre-hospital Assessment and Treatment Clinical Exp.	4
MICT 202	Pre-hospital Assessment and Treatment Internship I	4
*HD 230	Survey of Human Growth and Development	3
		16

Fouth Semester (Spring)

MICT 250	Pre-hospital Assessment and Treatment Internship II	14
		14

Total credits 72

A grade of C or above, or Credit, is required in each MICT course in order to continue in the MICT program.

* HD 230 is highly recommended for meeting the Social Science requirement; other courses may be used with departmental approval.

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